

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Nurse Midwives
HMOs and Other
Managed Care
Programs

Expansion of covered services for certified nurse midwives

Effective immediately, Wisconsin Medicaid is:

- Expanding the number of allowable procedure codes available to Medicaid-certified nurse midwives (CNMs).
- Adding home setting (place of service [POS] 4) as an allowable place of service for *Current Procedural Terminology* (CPT) and HCFA Common Procedure Coding System (HCPCS) codes covered by Medicaid.

Home deliveries

Effective immediately, Wisconsin Medicaid now covers maternity care and delivery in a recipient's home, place of service (POS) 4, when performed by a certified nurse midwife (CNM). Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a list of *Current Procedural Terminology* and HCFA Common Procedure Coding System birth-related procedure codes covered in POS 4. Attachment 1 also lists new birth-related procedure codes covered by Medicaid for CNMs.

All claims must be submitted within 365 days from the date of service.

Covered procedure codes

Refer to Attachment 2 for a *complete* list of Medicaid-covered services when provided by nurse midwives.

Nurse midwife Medicaid certification

Nurse midwives who do not have a master's degree are certified by Wisconsin Medicaid as independent nurses with a specialty of nurse midwife. However, a nurse midwife with a master's degree is eligible to be Medicaid-certified as a nurse practitioner. Medicaid-certified nurse practitioners have a broader range of Medicaid-allowable services for which they may be reimbursed and receive higher reimbursement than CNMs.

Reminders

Wisconsin Medicaid providers should always verify a recipient's eligibility before providing services to determine Medicaid eligibility, HMO enrollment, and any limitations to the recipient's coverage.

Refer to the Provider Resources section of the All-Provider Handbook for more information about methods for verifying recipient eligibility. For more information about recipient eligibility itself, refer to the Recipient Rights and Responsibilities section of the All-Provider Handbook.

Managed care providers

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

CPT and HCPCS birth-related codes covered by Wisconsin Medicaid in home setting (place of service 4) for certified nurse midwives

(New procedure codes for certified nurse midwives are indicated in bold.)

Procedure Code	Description	TOS*
59300	Episiotomy or vaginal repair, by other than attending physician	9
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care	8, 9
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	8, 9
59410	including postpartum care	8, 9
59414	Delivery of placenta (separate procedure)	9
59425	Antepartum care only; 4-6 visits	9
59426	7 or more visits	9
59430	Postpartum care only (separate procedure)	9
86849	Unlisted immunology procedure	5
90384	Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use	1
90780	IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour	1
90781	each additional hour, up to eight (8) hours (List separately in addition to code for primary procedure)	1
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	1
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	1
99354**	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)	9
99355**	each additional 30 minutes (list separately in addition to code for prolonged physician service)	9
99440	Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	9
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gram	1
J2210	Injection, methylergonovine maleate, [Methergine Maleate], up to 0.2 mg	1
J2460	Injection, oxytetracycline HCl, up to 50 mg	1
J3430	Injection, phytonadione (vitamin K), per 1 mg	1

*Type of Service

1 = Medical

8 = Assistant Surgery

5 = Diagnostic Lab — complete procedure 9 = Other

**This procedure code must be submitted on a HCFA 1500 claim form with documentation attached to the claim showing medical necessity. This code should be billed by a certified nurse midwife (CNM) only in place of service 4 (home) when the CNM attends the labor of a patient and subsequently finds it necessary to admit the patient to the hospital for the birth.

ATTACHMENT 2

Complete list of CPT and HCPCS codes covered by Wisconsin Medicaid for certified nurse midwives

Service	Procedure Codes	TOS*
Implantable Contraceptive Capsules Removal with Reinsertion — Integumentary System	11977	2
Intrauterine Device — Female Genital System	58300, 58301	2
Maternity Care and Delivery	59025, 59300, 59400-59430, W6000, W6001	9
	59514	8
Diagnostic Ultrasound	76816	4
Urinalysis	81001, 81003	5
Chemistry	82565, 82950, 84132, 84295, 84450, 84520, 84550, 84703	5
Hematology and Coagulation	85018, 85025, 85027	5
Immunology	86592, 86703, 86762	5
Unlisted Immunology Procedure	86849	5
Transfusion Medication	86850, 86900	5
Microbiology	87070, 87081, 87210, 87340, 87491, 87880	5
Cytopathology	88164	5
Immune Globulins	90384	1
Therapeutic or Diagnostic Infusions	90780, 90781	1
Therapeutic, Prophylactic or Diagnostic Injections	90782	9
Special Services, Procedures and Reports	99000, 99001	9
	99070	2
Evaluation and Management	99201-99215	9
Prolonged Services**	99354, 99355	9
Newborn Care	99440	9
Injection, ampicillin sodium/sulbactam sodium, per 1.5 gram	J0295	1
Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	J1055	9
Injection, methylergonovine maleate, [Methergine Maleate], up to 0.2 mg	J2210	1
Injection, oxytetracycline HCl, up to 50 mg	J2460	1
Injection, Rho(D) immune globulin, human, [Rhogam], one dose package	J2790	1
Injection, phytonadione (vitamin K), per 1 mg	J3430	1
Intrauterine copper contraceptive	J7300	9

*Type of Service

1 = Medical

2 = Surgery

4 = Diagnostic X-ray — complete procedure

5 = Diagnostic lab — complete procedure

8 = Assistant Surgery

9 = Other

**This procedure code must be submitted on a HCFA 1500 claim form with documentation attached to the claim showing medical necessity. This code should be billed by a certified nurse midwife (CNM) only in place of service 4 (home) when the CNM attends the labor of a patient and subsequently admits the patient to the hospital for the birth.